

United States Bankruptcy Court Northern District of Illinois, Eastern Division							Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Feingold, Daniel L.</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):																								
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																								
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>8453</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																								
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1317 West Lunt Chicago, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																								
ZIPCODE <b>60636</b>				ZIPCODE																								
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:																								
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):																								
ZIPCODE				ZIPCODE																								
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE																								
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																								
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																								
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000- 5,000</td><td>5,001- 10,000</td><td>10,001- 25,000</td><td>25,001- 50,000</td><td>50,001- 100,000</td><td>Over 100,000</td></tr></table>										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
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Estimated Assets <table border="0"><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
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Estimated Liabilities <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Feingold, Daniel L.</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	
Location Where Filed:		Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	
District:		Date Filed:	
Relationship:		Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Robert D. Rotman</u></span> <span><b>3/06/08</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/>                 (Name of landlord or lessor that obtained judgment)             </div> <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/>                 (Address of landlord or lessor)             </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): <b>Feingold, Daniel L.</b>
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> <u>/s/ Daniel L. Feingold</u> Signature of Debtor <b>Daniel L. Feingold</b></p> <p><b>X</b> _____ Signature of Joint Debtor <b>(773) 508-6626</b> Telephone Number (If not represented by attorney) <b>March 6, 2008</b> Date</p>	<b>Signature of a Foreign Representative</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b> _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date</p>	
<b>Signature of Attorney*</b> <p><b>X</b> <u>/s/ Robert D. Rotman</u> Signature of Attorney for Debtor(s) <b>Robert D. Rotman 6204194</b> Printed Name of Attorney for Debtor(s) <b>Rotman &amp; Elovitz, Ltd.</b> Firm Name <b>180 N.LaSalle Suite 2101</b> Address <b>Chicago, IL 60601</b> _____ Telephone Number <b>March 6, 2008</b> Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>	<b>Signature of Non-Attorney Petition Preparer</b> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p><b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>	
<b>Signature of Debtor (Corporation/Partnership)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date</p>		

Page 4 of 57  
United States Bankruptcy Court  
Northern District of Illinois, Eastern Division

IN RE:

Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Daniel L. Feingold

Date: March 6, 2008

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE **Feingold, Daniel L.**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	<b>Checking - Chase Account: 003634795</b>		<b>800.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking - Harris Account: 4802252099</b>		<b>264.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Clothing</b>		<b>750.00</b>
7. Furs and jewelry.		<b>Commerative watch</b>		<b>200.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>AT&amp;T-c0004256166</b>		<b>1,349.52</b>
		<b>AT&amp;T-c3002027177</b>		<b>136.00</b>
		<b>Fidelity-103-35662</b>		<b>288.00</b>
		<b>Verizon-c008991316</b>		<b>121.00</b>

IN RE **Feingold, Daniel L.**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>Chevrolet Cavalier 1985</b>		<b>200.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			

IN RE Feingold, Daniel L.

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>4,108.52</b>



IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. § 522(b)(2)  
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Checking - Chase Account: 003634795	735 ILCS 5 §12-1001(b)	800.00	800.00
Checking - Harris Account: 4802252099	735 ILCS 5 §12-1001(b)	264.00	264.00
Clothing	735 ILCS 5 §12-1001(a)	750.00	750.00
Commerative watch	735 ILCS 5 §12-1001(b)	200.00	200.00
AT&T-c0004256166	735 ILCS 5 §12-1001(b)	1,349.52	1,349.52
AT&T-c3002027177	735 ILCS 5 §12-1001(b)	136.00	136.00
Fidelity-103-35662	735 ILCS 5 §12-1001(b)	288.00	288.00
Verizon-c008991316	735 ILCS 5 §12-1001(b)	121.00	121.00
Chevrolet Cavalier 1985	735 ILCS 5 §12-1001(c)	200.00	200.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Feingold, Daniel L.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE Feingold, Daniel L. Case No. \_\_\_\_\_ Debtor(s) \_\_\_\_\_ (If known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>710695057</b> <b>Advocate Illinois Masonic Medical Center</b> <b>836 West Wellington Avenue</b> <b>Chicago, IL 60657</b>						<b>335.00</b>
ACCOUNT NO. <b>736582282</b> <b>Affinion Benefits Group</b> <b>P.O. Box 670005</b> <b>Dallas, TX 75267</b>		<b>Premium Due</b> <b>Accidental Death and Dismemberment</b>				<b>25.00</b>
ACCOUNT NO. <b>3736443</b> <b>Allen, Maxwell &amp; Silver, Inc.</b> <b>190 Sylvan Avenue</b> <b>Englewood Cliffs, NJ 07632</b>		<b>Harcourt, Inc.</b>				<b>228.48</b>
ACCOUNT NO. <b>AMCA</b> <b>Bldg. 3</b> <b>2269 South Saw Mill River Road</b> <b>Elmsford, NY 10523</b>						<b>0.00</b>

16 continuation sheets attached

Subtotal  
(Total of this page) \$ **588.48**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3713-203664-42005</b> <b>American Express</b> <b>P.O. Box 297879</b> <b>Ft. Lauderdale, FL 33329</b>						<b>14,926.00</b>
ACCOUNT NO. <b>386269</b> <b>American Society Of Anesthesiologists</b> <b>520 N. Northwest Highway</b> <b>Park Ridge, IL 60068</b>						<b>450.00</b>
ACCOUNT NO. <b>5396-5501-5107-0237</b> <b>AT&amp;T Universal Card</b> <b>Cardmember Services</b> <b>P.O. Box 44167</b> <b>Jacksonville, FL 32231-4167</b>						<b>9,236.00</b>
ACCOUNT NO. <b>22027335</b> <b>Audio-Digest Foundation</b> <b>1577 East Chevy Chase Drive</b> <b>Glendale, CA 91206</b>						<b>98.64</b>
ACCOUNT NO. <b>22216928</b> <b>Audio-Digest Foundation</b> <b>1577 East Chevy Chase Drive</b> <b>Glendale, CA 91206</b>						<b>172.70</b>
ACCOUNT NO. <b>22216944</b> <b>Audio-Digest Foundation</b> <b>1577 East Chevy Chase Drive</b> <b>Glendale, CA 91206</b>						<b>172.70</b>
ACCOUNT NO. <b>4319-0410-2867-0448</b> <b>Bank Of America</b> <b>P.O. Box 15026</b> <b>Wilmington, DE 19850</b>						<b>1,630.00</b>

Sheet no. 1 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **26,686.04**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5490-9933-5900-0926</b> <b>Bank Of America</b> <b>P.O. Box 15026</b> <b>Wilmington, DE 19850</b>						<b>18,330.00</b>
ACCOUNT NO. <b>5049902013159776</b> <b>Bill Me Later</b> <b>P.O. Box 2394</b> <b>Omaha, NE 68103</b>						<b>903.00</b>
ACCOUNT NO. <b>5049902013166490</b> <b>Bill Me Later</b> <b>P.O. Box 2394</b> <b>Omaha, NE 68103</b>						<b>450.00</b>
ACCOUNT NO. <b>17751391-P2</b> <b>Bits &amp; Pieces</b> <b>Suite 500</b> <b>111 East Wacker Drive</b> <b>Chicago, IL 60601</b>						<b>29.95</b>
ACCOUNT NO. <b>Bose Corporation</b> <b>MS 730 Mountain Road</b> <b>Fromingham, MA 01701</b>		<b>QT 1884; QX0702; QY6762</b>				<b>174.00</b>
ACCOUNT NO. <b>Bottom Line/Natural Healing</b> <b>Subscription Center</b> <b>P.O. Box 58456</b> <b>Boulder, CO 80322</b>						<b>39.00</b>
ACCOUNT NO. <b>4266-5130-1339-8436</b> <b>BP</b> <b>Cardmember Services</b> <b>P.O. Box 15548</b> <b>Wilmington, DE 19886</b>						<b>6,884.00</b>

Sheet no. 2 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **26,809.95**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4227-6510-2179-5165</b> <b>BP - Chase</b> <b>P.O. Box 15298</b> <b>Wilmington, DE 19850</b>						<b>808.00</b>
ACCOUNT NO. <b>24336759</b> <b>Bureau Of Account Management</b> <b>P.O. Box 8875</b> <b>3607 Rosemont Avenue, Suite 502</b> <b>Camp Hill, PA 17001</b>		<b>Client Ref No. 794952612</b> <b>Military Book Club</b>				<b>195.00</b>
ACCOUNT NO. <b>624895916</b> <b>Bureau Of Account Management</b> <b>P.O. Box 8875</b> <b>3607 Rosemont Avenue, Suite 502</b> <b>Camp Hill, PA 17001</b>		<b>Quality Paperback Book</b> <b>Acct. No. 23997262</b>				<b>360.00</b>
ACCOUNT NO. <b>24465115</b> <b>Bureau Of Account Management</b> <b>P.O. Box 8875</b> <b>3607 Rosemont Avenue, Suite 502</b> <b>Camp Hill, PA 17001</b>						<b>235.00</b>
ACCOUNT NO. <b>4934-2225-7613-3162</b> <b>Capital One</b> <b>P.O. Box 85619</b> <b>Richmond, VA 23285</b>						<b>636.12</b>
ACCOUNT NO. <b>4115-0770-2617-1464</b> <b>Capital One</b> <b>P.O. Box 85619</b> <b>Richmond, VA 23285</b>						<b>573.00</b>
ACCOUNT NO. <b>4366-1110-1258-9029</b> <b>Chase</b> <b>P.O. Box 15298</b> <b>Wilmington, DE 19886-5153</b>						<b>9,964.00</b>

Sheet no. 3 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **12,771.12**

(Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.)

Total  
 \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4444-0001-2808-2886</b> <b>Chase</b> <b>P.O. Box 15298</b> <b>Wilmington, DE 19886-5153</b>						<b>940.00</b>
ACCOUNT NO. <b>5187-4811-0025-8066</b> <b>Chase</b> <b>P.O. Box 15298</b> <b>Wilmington, DE 19886-5153</b>						<b>5,580.00</b>
ACCOUNT NO. <b>Chicago Medical Society</b> <b>Suite 700</b> <b>20 North Michigan Avenue</b> <b>Chicago, IL 60602</b>		<b>Daniel L. Feingold, M.D.</b>				<b>1,450.00</b>
ACCOUNT NO. <b>73854017</b> <b>Chicago Tribune</b> <b>Red Eye</b> <b>P.O. Box 6490</b> <b>Chicago, IL 60680</b>						<b>6.20</b>
ACCOUNT NO. <b>400525275</b> <b>Citgo Credit Card Center</b> <b>P.O. Box 689095</b> <b>Des Moines, IA 50368</b>						<b>606.00</b>
ACCOUNT NO. <b>5424-1808-4155-2992</b> <b>Citicards</b> <b>P.O. Box 6000</b> <b>The Lakes, NV 89163</b>						<b>18,692.00</b>
ACCOUNT NO. <b>0400525275</b> <b>Citicards</b> <b>P.O. Box 9095</b> <b>Des Moines, IA 50368</b>						<b>562.37</b>

Sheet no. 4 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **27,836.57**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$



IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
<b>Consumer Reports Money Adviser P.O. Box 5616 Harlan, IA 51593</b>						<b>29.00</b>
ACCOUNT NO. <b>H8401</b>						
<b>Consumer Reports Consumer Drug Reference P.O. Box 5617 Harlan, IA 51593</b>						<b>3.50</b>
ACCOUNT NO. <b>5458-0018-5123-3290</b>						
<b>Direct Merchant's Bank P.O. Box 17151 Baltimore, MD 21297</b>						<b>2,055.00</b>
ACCOUNT NO. <b>EZ04875102</b>						
<b>Elsevier 6277 Sea Harbor Drive Orlando, FL 32887</b>						<b>82.19</b>
ACCOUNT NO. <b>6044-1120-30094887</b>		<b>Brooks Brothers Credit GE Money Bank</b>				
<b>Encore Receivable Management P.O. Box 47248 Oak Park, MI 48237</b>						<b>1,060.00</b>
ACCOUNT NO. <b>6034-6216-0314-5855</b>		<b>GE Money Bank</b>				
<b>Encore Receivable Management P.O. Box 47248 Oak Park, MI 48237</b>						<b>2,161.00</b>
ACCOUNT NO. <b>7302-8550-2337-7291</b>						
<b>Exxon Mobile Citicards P.O. Box 688940 Des Moines, IA 50368</b>						<b>330.00</b>

Sheet no. 5 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **5,720.69**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>40490682</b> <b>Fast Company</b> <b>P.O. Box 10769</b> <b>Des Moines, IA 50340</b>						<b>7.00</b>
ACCOUNT NO. <b>5490-3519-3757-6018</b> <b>FIA Card Services</b> <b>P.O. Box 15026</b> <b>Wilmington, DE 19850-5026</b>						<b>8,460.00</b>
ACCOUNT NO. <b>4800-1130-3431-7185</b> <b>FIA Card Services</b> <b>P.O. Box 15026</b> <b>Wilmington, DE 19850-5026</b>						<b>1,668.25</b>
ACCOUNT NO. <b>4800-1130-3431-7185</b> <b>FIA Card Services</b> <b>P.O. Box 15026</b> <b>Wilmington, DE 19850-5026</b>						<b>1,712.99</b>
ACCOUNT NO. <b>7001621100140844</b> <b>Filene's Basement</b> <b>Retail Services</b> <b>P.O. Box 15521</b> <b>Wilimington, DE 19850</b>						<b>580.00</b>
ACCOUNT NO. <b>GV16-4253-7633</b> <b>Gevalia</b> <b>Holmparken Square</b> <b>P.O. Box 6276</b> <b>Dover, DE 19905-6276</b>						<b>45.00</b>
ACCOUNT NO. <b>0053592226</b> <b>Harper's Bazaar</b> <b>P.O. Box 7178</b> <b>Red Oak, IA 51591</b>						<b>12.00</b>

Sheet no. 6 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **12,485.24**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Harvard Men's Health</b> <b>P.O. Box 9341</b> <b>Big Sandy, TX 75755</b>						<b>24.00</b>
ACCOUNT NO. <b>5407-9150-2163-2796</b> <b>Household Bank Mastercard</b> <b>HSBC Card Services</b> <b>P.O. Box 80084</b> <b>Salinas, CA 93912</b>						<b>860.00</b>
ACCOUNT NO. <b>5458-0018-5123-3290</b> <b>HSBC</b> <b>P.O. Box 17313</b> <b>Baltimore, MD 21297-1313</b>		<b>Mastercard -</b>				<b>2,097.60</b>
ACCOUNT NO. <b>33872524-314-557HC3</b> <b>I.C. Systems, Inc.</b> <b>P.O. Box 64887</b> <b>444 Highway 96 East</b> <b>St. Paul, MN 55164</b>		<b>For Notice Purposes</b> <b>HSBC Card Services</b>				<b>0.00</b>
ACCOUNT NO. <b>34735645-362-599pe5</b> <b>I.C. Systems, Inc.</b> <b>P.O. Box 64887</b> <b>444 Highway 96 East</b> <b>St. Paul, MN 55164</b>		<b>For Notice Purposes Only</b> <b>Washington Mutual</b>				<b>0.00</b>
ACCOUNT NO. <b>33872524-314-271-HCO</b> <b>I.C. Systems, Inc.</b> <b>P.O. Box 64887</b> <b>444 Highway 96 East</b> <b>St. Paul, MN 55164</b>						<b>879.14</b>
ACCOUNT NO. <b>ny071005HD</b> <b>International Media Concepts, Inc.</b> <b>P.O. Box 437</b> <b>New Hyde Park, NY 11040</b>		<b>IMC Account #: 872254594</b> <b>For Notice Purposes</b>				<b>0.00</b>

Sheet no. 7 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **3,860.74**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>00001300766357</b> <b>John Lee Jackson</b> <b>University Fidelity, LP</b> <b>1445 Langham Creek Drive</b> <b>Houston, TX 77084</b>		<b>Commerative Dollar</b>				<b>118.00</b>
ACCOUNT NO. <b>7019159</b> <b>Kiplinger's Retirement Report</b> <b>P.O. Box 5114</b> <b>Harlan, IA 51593</b>						<b>39.95</b>
ACCOUNT NO. <b>00342-5458</b> <b>LTD Financial Services</b> <b>Suite 1600</b> <b>7322 Southwest Freeway</b> <b>Houston, TX 77074</b>		<b>For Notice Purposes Only</b> <b>Citibank (South Dakota), NA</b> <b>145522876</b>				<b>0.00</b>
ACCOUNT NO. <b>383879</b> <b>M3 Financial Services, Inc.</b> <b>P.O. Box 7230</b> <b>Westchester, IL 60154</b>		<b>Vyridian Revenue Management</b>				<b>593.00</b>
ACCOUNT NO. <b>43-764-773-307-0</b> <b>Macy's</b> <b>P.O. Box 689195</b> <b>Des Moines, IA 50368</b>						<b>1,250.00</b>
ACCOUNT NO. <b>008001035900</b> <b>Marquis Who's Who LLC</b> <b>P.O. Box 409878</b> <b>Atlanta, GA 30384</b>						<b>296.36</b>
ACCOUNT NO. <b>152210</b> <b>Marquis Who's Who LLC</b> <b>P.O. Box 409878</b> <b>Atlanta, GA 30384</b>						<b>442.88</b>

Sheet no. 8 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **2,740.19**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Men's Fitness</b> <b>P.O. Box 37211</b> <b>Boone, IA 50037</b>						<b>15.00</b>
ACCOUNT NO. <b>6004300912185987</b> <b>Menard's</b> <b>Retail Services</b> <b>P.O. Box 15521</b> <b>Wilmington, DE 19850</b>						<b>140.00</b>
ACCOUNT NO. <b>86-1-0003664037</b> <b>Midwest Diagnostic Pathology, SC</b> <b>Suite 3070</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675</b>						<b>49.50</b>
ACCOUNT NO. <b>2275738</b> <b>Midwest Neuropsychiatric Associates, Inc</b> <b>Rush Presbyterian -St. Luke Hospital</b> <b>1725 West Harrison Street, Ste. 744</b> <b>Chicago, IL 60612</b>						<b>1,930.00</b>
ACCOUNT NO. <b>The Albert Law Firm P.C.</b> <b>205 W. Randolph Street Suite 920</b> <b>Chicago, IL 60606</b>		<b>Assignee or other notification for:</b> <b>Midwest Neuropsychiatric Associates, Inc</b>				
ACCOUNT NO. <b>001-70905-08247-089-06304</b> <b>National Credit Audit Corporation</b> <b>8512 Allen Road</b> <b>Peoria, IL 61615</b>		<b>Vanity Fair</b>				<b>24.00</b>
ACCOUNT NO. <b>001-70918-00894-151-365</b> <b>National Credit Audit Corporation</b> <b>8512 Allen Road</b> <b>Peoria, IL 61615</b>		<b>Muscle and Fitness</b>				<b>34.97</b>

Sheet no. 9 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **2,193.47**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>006-70828-00313-302-605(0</b> <b>National Credit Audit Corporation</b> <b>8512 Allen Road</b> <b>Peoria, IL 61615</b>		<b>Air &amp; Space</b>				<b>19.00</b>
ACCOUNT NO. <b>00171120-06947-151367</b> <b>National Credit Audit Corporation</b> <b>8512 Allen Road</b> <b>Peoria, IL 61615</b>		<b>For Notice Purposes</b> <b>Men's Fitness</b>				<b>0.00</b>
ACCOUNT NO. <b>006-71120-06644-092065</b> <b>National Credit Audit Corporation</b> <b>8512 Allen Road</b> <b>Peoria, IL 61615</b>		<b>U.S. World New Report</b>				<b>15.00</b>
ACCOUNT NO. <b>National Geographic</b> <b>P.O. Box 63001</b> <b>Tampa, FL 33663</b>						<b>12.00</b>
ACCOUNT NO. <b>CID 229658574017</b> <b>NCO Financial System, Inc.</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b>		<b>For Notice Purposes</b> <b>American Express</b>				<b>0.00</b>
ACCOUNT NO. <b>PayPal Buyer Credit</b> <b>NCO Financial System, Inc.</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b>		<b>For Notice Purposes</b> <b>GE Money Bank</b>				<b>0.00</b>
ACCOUNT NO. <b>049992980596</b> <b>Neiman Marcus</b> <b>P.O. Box 729080</b> <b>Dallas, TX 75372</b>						<b>1,452.00</b>

Sheet no. 10 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **1,498.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>102-663-4317</b> <b>New Republic</b> <b>Billing Subscriber Services</b> <b>1630A 30th Street-602</b> <b>Boulder, CO 80301</b>						<b>69.97</b>
ACCOUNT NO. <b>4266-3850-0116-3506</b> <b>Nordstrom - Visa</b> <b>Colorado Service Center</b> <b>P.O. Box 6555</b> <b>Englewood, CO 80155</b>						<b>5,078.00</b>
ACCOUNT NO. <b>GV1642537633</b> <b>North Shore Agency, Inc.</b> <b>751 Summa Avenue</b> <b>Westbury, NY 11590</b>		<b>Gevalia Coffee</b>				<b>45.00</b>
ACCOUNT NO. <b>W Magazine</b> <b>North Shore Agency, Inc.</b> <b>A National Collection Agency</b> <b>751 Summa Avenue</b> <b>Westbury, NY 11590</b>						<b>15.00</b>
ACCOUNT NO. <b>072690080915</b> <b>North Shore Agency, Inc.</b> <b>751 Summa Avenue</b> <b>Westbury, NY 11590</b>		<b>Us Weekly</b>				<b>47.52</b>
ACCOUNT NO. <b>GV1642537633</b> <b>North Shore Agency, Inc.</b> <b>751 Summa Avenue</b> <b>Westbury, NY 11590</b>		<b>For notice purposes only</b> <b>Gevalia Coffee</b>				<b>0.00</b>
ACCOUNT NO. <b>00069996247</b> <b>North Shore Agency, Inc.</b> <b>751 Summa Avenue</b> <b>Westbury, NY 11590</b>						<b>45.00</b>

Sheet no. 11 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **5,300.49**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0736-5000-9266</b> <b>OSI Recovery Solutions - NGH</b> <b>P.O. Box 8904</b> <b>Westbury, NY 11590</b>						<b>45.00</b>
ACCOUNT NO. <b>9200651670</b> <b>Pan American Assurance Co.</b> <b>P.O. Box 61040</b> <b>New Orleans, LA 70161</b>		<b>Universal Life</b>				<b>187.50</b>
ACCOUNT NO. <b>6044-0710-0875-0313</b> <b>PayPal Buyer Credit</b> <b>GEMB</b> <b>P.O. Box 981064</b> <b>El Paso, TX 79998</b>						<b>955.00</b>
ACCOUNT NO. <b>1510973082-pcp</b> <b>PCS Stamps &amp; Coins</b> <b>47 Richards Avenue</b> <b>Norwalk, CT 06857</b>						<b>19.95</b>
ACCOUNT NO. <b>7502-82679</b> <b>Penn Credit Corporation</b> <b>P.O. Box 988</b> <b>Harrisburg, PA 17108</b>		<b>Discovery channel book of the month club</b>				<b>200.00</b>
ACCOUNT NO. <b>688970474</b> <b>Penn Credit Corporation</b> <b>P.O. Box 988</b> <b>Harrisburg, PA 17108</b>		<b>Book of the month club</b>				<b>100.49</b>
ACCOUNT NO. <b>680593361</b> <b>Penn Credit Corporation</b> <b>P.O. Box 988</b> <b>Harrisburg, PA 17108</b>		<b>One Spirit Book Club</b>				<b>130.00</b>

Sheet no. 12 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **1,637.94**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$



IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0111633509</b> <b>Penn Credit Corporation</b> <b>P.O. Box 988</b> <b>Harrisburg, PA 17108</b>						<b>24.75</b>
ACCOUNT NO. <b>4315990076</b> <b>Quest Diagnostics</b> <b>P.O. Box 64804</b> <b>Baltimore, MD 21264</b>						<b>40.00</b>
ACCOUNT NO. <b>5483291002</b> <b>Recovery Resources, Inc.</b> <b>830 North Meachem</b> <b>Schaumburg, IL 60173</b>		<b>Rush University Medical Center</b>				<b>150.15</b>
ACCOUNT NO. <b>Runner's Magazine</b> <b>P.O. Box 7307</b> <b>Red Oak, IA 51591</b>						<b>21.94</b>
ACCOUNT NO. <b>Scotland Magazine</b> <b>P.O. Box 492</b> <b>Mt. Morris, IL 61054</b>						<b>24.95</b>
ACCOUNT NO. <b>0145522876</b> <b>Shell</b> <b>Citi Cards</b> <b>P.O. Box 689151</b> <b>Des Moines, IA 50368</b>						<b>1,075.00</b>
ACCOUNT NO. <b>Ski Magazine</b> <b>P.O. Box 60001</b> <b>Tampa, FL 33660</b>						<b>12.00</b>

Sheet no. 13 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **1,348.79**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Sporting News Magazine</b> <b>P.O. Box 51573</b> <b>Boulder, CO 80322</b>						<b>33.37</b>
ACCOUNT NO. <b>6012-50355029-6533</b> <b>SYMS/GE Money Back</b> <b>P.O. Box 981438</b> <b>El Paso, TX 79998</b>						<b>2,162.00</b>
ACCOUNT NO. <b>0207156688</b> <b>The Hearst Corporation</b> <b>Cosmogirl</b> <b>P.O. Box 7186</b> <b>Red Oak, IA 51591</b>						<b>12.00</b>
ACCOUNT NO. <b>872254594</b> <b>The New York Times</b> <b>P.O. Box 70</b> <b>Northvale, NJ 07647</b>						<b>294.36</b>
ACCOUNT NO. <b>0320-584-2820</b> <b>The Sports Authority</b> <b>World Financial Network National Bank</b> <b>P.O. Box 182782</b> <b>Columbus, OH 43218</b>						<b>340.00</b>
ACCOUNT NO. <b>811877596</b> <b>The University Of Chicago Medical Center</b> <b>1122 Paysphere Circle</b> <b>Chicago, IL 60674</b>		<b>Feingold - Hist. # 02973294</b>				<b>680.87</b>
ACCOUNT NO. <b>3-6035248</b> <b>The University Of Chicago Physician Grou</b> <b>Suite 1385</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675</b>		<b>Invoice No.'s: 3-6048869; 3-6048870; 3-6065599; 3-6065600; 3-6065601; 3-6026081</b>				<b>298.00</b>

Sheet no. 14 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **3,820.60**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Feingold</b> <b>The University Of Chicago Physician Grou</b> <b>Suite 1385</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675</b>		<b>6026081; 6035248; 6048869; 6048870; 6065599;</b> <b>6065600; 6065601</b>				<b>2,864.00</b>
ACCOUNT NO. <b>3-900342</b> <b>The University Of Chicago Physician Grou</b> <b>Suite 1385</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675</b>						<b>682.60</b>
ACCOUNT NO. <b>Town &amp; Country Magazine</b> <b>Hearst Magazines</b> <b>P.O. Box 7186</b> <b>Red Oaks, IA 51591</b>						<b>19.97</b>
ACCOUNT NO. <b>000042459636</b> <b>TV Guide</b> <b>P.O. Box 37360</b> <b>Boone, IA 50037</b>						<b>0.00</b>
ACCOUNT NO. <b>023173721</b> <b>University Pathologists, P.C.</b> <b>5620 SouthWyck Blvd</b> <b>Toledo, OH 43616</b>						<b>49.00</b>
ACCOUNT NO. <b>4185-8723-4163-4286</b> <b>WaMu</b> <b>P.O. Box 99604</b> <b>Arlington, TX 76096-9604</b>						<b>8,408.00</b>
ACCOUNT NO. <b>4185-6450-0019-3798</b> <b>WaMu</b> <b>P.O. Box 99604</b> <b>Arlington, TX 76096-9604</b>						<b>7.00</b>

Sheet no. 15 of 16 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **12,030.57**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7026594</b> <b>Which Way USA</b> <b>Highlights</b> <b>P.O. Box 4002862</b> <b>Des Moines, IA 50340-2862</b>						<b>40.86</b>
ACCOUNT NO. <b>100000582364</b> <b>Wolters Kluwer</b> <b>Lippincott, Williams &amp; Wilkins</b> <b>P.O. Box 1610</b> <b>Hagerstown, MD 21741</b>						<b>55.77</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 16 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **96.63**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **147,425.51**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE **Feingold, Daniel L.**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Unemployed</b>	

**INCOME:** (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR SPOUSE

\$ \_\_\_\_\_ \$ \_\_\_\_\_

2. Estimated monthly overtime

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**3. SUBTOTAL**

\$ **0.00** \$ \_\_\_\_\_

**4. LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and Social Security

\$ \_\_\_\_\_ \$ \_\_\_\_\_

b. Insurance

\$ \_\_\_\_\_ \$ \_\_\_\_\_

c. Union dues

\$ \_\_\_\_\_ \$ \_\_\_\_\_

d. Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. SUBTOTAL OF PAYROLL DEDUCTIONS**

\$ **0.00** \$ \_\_\_\_\_

**6. TOTAL NET MONTHLY TAKE HOME PAY**

\$ **0.00** \$ \_\_\_\_\_

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

8. Income from real property

\$ \_\_\_\_\_ \$ \_\_\_\_\_

9. Interest and dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ \_\_\_\_\_ \$ \_\_\_\_\_

11. Social Security or other government assistance

(Specify) \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

12. Pension or retirement income

\$ \_\_\_\_\_ \$ \_\_\_\_\_

13. Other monthly income

(Specify) **Disability Payment**

\$ **5,000.00** \$ \_\_\_\_\_

**14. SUBTOTAL OF LINES 7 THROUGH 13**

\$ **5,000.00** \$ \_\_\_\_\_

**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

\$ **5,000.00** \$ \_\_\_\_\_

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ **5,000.00**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ _____
a. Are real estate taxes included? Yes _____ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes _____ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ _____
b. Water and sewer	\$ _____
c. Telephone	\$ <b>123.00</b>
d. Other <b>Pager</b>	\$ <b>22.00</b>
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ <b>300.00</b>
5. Clothing	\$ <b>50.00</b>
6. Laundry and dry cleaning	\$ <b>20.00</b>
7. Medical and dental expenses	\$ <b>3,920.00</b>
8. Transportation (not including car payments)	\$ <b>80.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ <b>707.00</b>
d. Auto	\$ <b>43.00</b>
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other _____	\$ _____
	\$ _____
	\$ _____

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ **5,265.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$ <b>5,000.00</b>
b. Average monthly expenses from Line 18 above	\$ <b>5,265.00</b>
c. Monthly net income (a. minus b.)	\$ <b>-265.00</b>



IN RE Feingold, Daniel L.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 6, 2008 Signature: /s/ Daniel L. Feingold  
Daniel L. Feingold

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

IN RE:

Case No. \_\_\_\_\_

Feingold, Daniel L.

Chapter 7

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

5,000.00 2008- Disability Policy

60,000.00 2007- Disability Policy

60,000.00 2006 -Disability Policy

**2. Income other than from employment or operation of business**

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

- None ☒ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Rotman & Elovitz, Ltd. 180 N.LaSalle Suite 2101 Chicago, IL 60601		3,000.00

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
Northern Trust 50 S. LaSalle Chicago, IL		Diplomas, commorative watch	

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

- None ☒ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

- None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

**20. Inventories**

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

**21. Current Partners, Officers, Directors and Shareholders**

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

**22. Former partners, officers, directors and shareholders**

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

### 23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

### 24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

### 25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **March 6, 2008** Signature /s/ Daniel L. Feingold  
of Debtor **Daniel L. Feingold**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

**IN RE:**

Case No. \_\_\_\_\_

**Feingold, Daniel L.**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>None</b>					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

**03/06/2008****/s/ Daniel L. Feingold**

Date

**Daniel L. Feingold**

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

United States Bankruptcy Court  
Northern District of Illinois, Eastern Division

IN RE:

Case No. \_\_\_\_\_

Feingold, Daniel L.

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 106

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: March 6, 2008

/s/ Daniel L. Feingold

Debtor

\_\_\_\_\_  
Joint Debtor



Feingold, Daniel L.  
1317 West Lunt  
Chicago, IL 60636

Audio-Digest Foundation  
1577 East Chevy Chase Drive  
Glendale, CA 91206

Brooks Brothers  
P.O. Box 981064  
El Paso, TX 79998

Rotman & Elovitz, Ltd.  
180 N.LaSalle Suite 2101  
Chicago, IL 60601

Bank Of America  
P.O. Box 15026  
Wilmington, DE 19850

Bureau Of Account Management  
P.O. Box 8875  
3607 Rosemont Avenue, Suite 502  
Camp Hill, PA 17001

Advocate Illinois Masonic Medical Center  
836 West Wellington Avenue  
Chicago, IL 60657

BBC Music  
North American Office  
P.O. Box 57242  
Boulder, CO 80322

Capital One  
P.O. Box 85619  
Richmond, VA 23285

Affinion Benefits Group  
P.O. Box 670005  
Dallas, TX 75267

Bill Me Later  
P.O. Box 2394  
Omaha, NE 68103

Chase  
P.O. Box 15298  
Wilmington, DE 19886-5153

Allen, Maxwell & Silver, Inc.  
190 Sylvan Avenue  
Englewood Cliffs, NJ 07632

Bits & Pieces  
Suite 500  
111 East Wacker Drive  
Chicago, IL 60601

Chicago Medical Society  
Suite 700  
20 North Michigan Avenue  
Chicago, IL 60602

Allure Magazine  
P.O. Box 37654  
Boone, IA 50037

Bose Corporation  
MS 730 Mountain Road  
Fromingham, MA 01701

Chicago Sun-Times  
350 North Orleans Street  
Chicago, IL 60654

AMCA  
Bldg. 3  
2269 South Saw Mill River Road  
Elmsford, NY 10523

Bottom Line Health  
Subscription Service Center  
Box. 53412  
Boulder, CO 80322

Chicago Tribune  
Red Eye  
P.O. Box 6490  
Chicago, IL 60680

American Express  
P.O. Box 297879  
Ft. Lauderdale, FL 33329

Bottom Line/Natural Healing  
Subscription Center  
P.O. Box 58456  
Boulder, CO 80322

Citgo Credit Card Center  
P.O. Box 689095  
Des Moines, IA 50368

American Society Of Anesthesiologists  
520 N. Northwest Highway  
Park Ridge, IL 60068

BP  
Cardmember Services  
P.O. Box 15548  
Wilmington, DE 19886

Citicards  
P.O. Box 6000  
The Lakes, NV 89163

AT&T Universal Card  
Cardmember Services  
P.O. Box 44167  
Jacksonville, FL 32231-4167

BP - Chase  
P.O. Box 15298  
Wilmington, DE 19850

Citicards  
P.O. Box 9095  
Des Moines, IA 50368

Consumer Reports  
Money Adviser  
P.O. Box 5616  
Harlan, IA 51593

FIA Card Services  
P.O. Box 15026  
Wilmington, DE 19850-5026

International Media Concepts, Inc.  
P.O. Box 437  
New Hyde Park, NY 11040

Consumer Reports  
Consumer Drug Reference  
P.O. Box 5617  
Harlan, IA 51593

Filene's Basement  
Retail Services  
P.O. Box 15521  
Wilimington, DE 19850

John Lee Jackson  
University Fidelity, LP  
1445 Langham Creek Drive  
Houston, TX 77084

Direct Merchant's Bank  
P.O. Box 17151  
Baltimore, MD 21297

FMA Alliance Ltd.  
Suite 900  
11811 North Freeway  
Houston, TX 77060

Kiplinger's Retirement Report  
P.O. Box 5114  
Harlan, IA 51593

Ebsco Reception Room  
Subscription Services  
P.O. Box 830460  
Birmingham, AL 35283

Gevalia  
Holmparken Square  
P.O. Box 6276  
Dover, DE 19905-6276

LTD Financial Services  
Suite 1600  
7322 Southwest Freeway  
Houston, TX 77074

Elle Magazine  
P.O. Box 53578  
Boulder, CO 80322

Globe Magazine  
Credit Department  
P.O. Box 37095  
Boone, IA 50037

M3 Financial Services, Inc.  
P.O. Box 7230  
Westchester, IL 60154

Elsevier  
6277 Sea Harbor Drive  
Orlando, FL 32887

Harper's Bazaar  
P.O. Box 7178  
Red Oak, IA 51591

Macy's  
P.O. Box 689195  
Des Moines, IA 50368

Encore Receivable Management  
P.O. Box 47248  
Oak Park, MI 48237

Harvard Men's Health  
P.O. Box 9341  
Big Sandy, TX 75755

Marquis Who's Who LLC  
P.O. Box 409878  
Atlanta, GA 30384

ESPN The Magazine  
P.O. Box 37326  
Boone, IA 50037

Household Bank Mastercard  
HSBC Card Services  
P.O. Box 80084  
Salinas, CA 93912

Mathmania  
P.O. Box 4002862  
Des Moines, IA 50340

Exxon Mobile  
Citicards  
P.O. Box 688940  
Des Moines, IA 50368

HSBC  
P.O. Box 17313  
Baltimore, MD 21297-1313

Men's Fitness  
P.O. Box 37211  
Boone, IA 50037

Fast Company  
P.O. Box 10769  
Des Moines, IA 50340

I.C. Systems, Inc.  
P.O. Box 64887  
444 Highway 96 East  
St. Paul, MN 55164

Menard's  
Retail Services  
P.O. Box 15521  
Wilmington, DE 19850

Midwest Diagnostic Pathology, SC  
Suite 3070  
75 Remittance Drive  
Chicago, IL 60675

North Shore Agency, Inc.  
A National Collection Agency  
751 Summa Avenue  
Westbury, NY 11590

Runner's Magazine  
P.O. Box 7307  
Red Oak, IA 51591

Midwest Neuropsychiatric Associates, Inc  
Rush Presbyterian -St. Luke Hospital  
1725 West Harrison Street, Ste. 744  
Chicago, IL 60612

Opera Guild  
70 Lincoln Center Plaza  
New York, NY 10023-6593

Rush University Medical Center  
P.O. Box 73952  
Chicago, IL 60673

MQC Collection Services  
P.O. Box 140700  
Toledo, OH 43614

OSI Recovery Solutions - NGH  
P.O. Box 8904  
Westbury, NY 11590

Scotland Magazine  
P.O. Box 492  
Mt. Morris, IL 61054

National Credit Audit Corporation  
8512 Allen Road  
Peoria, IL 61615

Pan American Assurance Co.  
P.O. Box 61040  
New Orleans, LA 70161

Shell  
Citi Cards  
P.O. Box 689151  
Des Moines, IA 50368

National Geographic  
P.O. Box 63001  
Tampa, FL 33663

PayPal Buyer Credit  
GEMB  
P.O. Box 981064  
El Paso, TX 79998

Ski Magazine  
P.O. Box 60001  
Tampa, FL 33660

NCO Financial System, Inc.  
507 Prudential Road  
Horsham, PA 19044

PCS Stamps & Coins  
47 Richards Avenue  
Norwalk, CT 06857

Skiing Magazine  
P.O. Box 60011  
Tampa, FL 33660

Neiman Marcus  
P.O. Box 729080  
Dallas, TX 75372

Penn Credit Corporation  
P.O. Box 988  
Harrisburg, PA 17108

Sporting News Magazine  
P.O. Box 51573  
Boulder, CO 80322

New Republic  
Billing Subscriber Services  
1630A 30th Street-602  
Boulder, CO 80301

Positive Thinking Magazine  
P.O. Box 1465  
Carmel, NY 10512

SYMS/GE Money Back  
P.O. Box 981438  
El Paso, TX 79998

Nordstrom - Visa  
Colorado Service Center  
P.O. Box 6555  
Englewood, CO 80155

Quest Diagnostics  
P.O. Box 64804  
Baltimore, MD 21264

The Albert Law Firm P.C.  
205 W. Randolph Street Suite 920  
Chicago, IL 60606

North Shore Agency, Inc.  
751 Summa Avenue  
Westbury, NY 11590

Recovery Resources, Inc.  
830 North Meachem  
Schaumburg, IL 60173

The Hearst Corporation  
Cosmogirl  
P.O. Box 7186  
Red Oak, IA 51591

The Kenyon Review  
Neff Cottage  
102 West Wiggin Street  
Gambier, OH 43022

U.S. News  
P.O. Box 421178  
Palm Coast, FL 32142-1178

The New York Times  
P.O. Box 70  
Northvale, NJ 07647

University Pathologists, P.C.  
5620 SouthWyck Blvd  
Toledo, OH 43616

The Newyorker  
P.O. Box 37681  
Boone, IA 50037

USA Today  
P.O. Box 10444  
McLean, VA 22102

The Sports Authority  
World Financial Network National Bank  
P.O. Box 182782  
Columbus, OH 43218

Value Line Publishing, Inc.  
220 East 42nd Street  
New York, NY 10017

The University Of Chicago Medical Center  
1122 Paysphere Circle  
Chicago, IL 60674

W Magazine  
P.O. Box 37709  
Boone, IA 50037

The University Of Chicago Physician Grou  
Suite 1385  
75 Remittance Drive  
Chicago, IL 60675

WaMu  
P.O. Box 99604  
Arlington, TX 76096-9604

The Wall Street Journal  
P.O. Box 7020  
Chicopee, MA 01021

Which Way USA  
Highlights  
P.O. Box 4002862  
Des Moines, IA 50340-2862

The Wilson Center Associates  
Membership Services  
P.O. Box 420235  
Palm Coast, FL 32142

Wolters Kluwer  
Lippincott, Williams & Wilkins  
P.O. Box 1610  
Hagerstown, MD 21741

Town & Country Magazine  
Hearst Magazines  
P.O. Box 7186  
Red Oaks, IA 51591

TV Guide  
P.O. Box 37360  
Boone, IA 50037

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**United States Bankruptcy Court**  
**Northern District of Illinois, Eastern Division**

**IN RE:**

Case No. \_\_\_\_\_

**Feingold, Daniel L.**

Chapter **7**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 4,108.52		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 147,425.51	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 5,000.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 5,265.00
TOTAL		28	\$ 4,108.52	\$ 147,425.51	

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United States Bankruptcy Court  
Northern District of Illinois, Eastern Division

IN RE:

Case No. \_\_\_\_\_

Feingold, Daniel L.

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 5,000.00
Average Expenses (from Schedule J, Line 18)	\$ 5,265.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 5,000.00

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 147,425.51
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 147,425.51

**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

IN RE:

Case No. \_\_\_\_\_

Feingold, Daniel L.Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,000.00**

Prior to the filing of this statement I have received ..... \$ **3,000.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

**plus filing fees and other costs**

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Representation of the debtor in adversary proceedings and other contested bankruptcy matters, those matters if any will be billed at our firms standard hourly rates.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 6, 2008**

Date

**/s/ Robert D. Rotman**

Signature of Attorney

**Rotman & Elovitz, Ltd.**

Name of Law Firm

## UNITED STATES BANKRUPTCY COURT

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

---

### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,



using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Feingold, Daniel L.**

Printed Name(s) of Debtor(s)

**X /s/ Daniel L. Feingold**

Signature of Debtor

**3/06/2008**

Date

Case No. (if known) \_\_\_\_\_

**X**

Signature of Joint Debtor (if any)

Date

**B22A (Official Form 22A) (Chapter 7) (01/08)**In re: **Feingold, Daniel L.**

Debtor(s)

Case Number: \_\_\_\_\_

(If known)

According to the calculations required by this statement:

☐ **The presumption arises**☒ **The presumption does not arise**

(Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME  
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

**Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS**

1A

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2

**Marital/filing status.** Check the box that applies and complete the balance of this part of this statement as directed.

a. ☒ **Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.**

b. ☐ **Married, not filing jointly, with declaration of separate households.** By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." **Complete only Column A ("Debtor's Income") for Lines 3-11.**

c. ☐ **Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.**

d. ☐ **Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.

**Column A  
Debtor's  
Income****Column B  
Spouse's  
Income**

3

**Gross wages, salary, tips, bonuses, overtime, commissions.**\$ **0.00**

\$

4

**Income from the operation of a business, profession or farm.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$
b.	Ordinary and necessary business expenses	\$
c.	Business income	Subtract Line b from Line a

\$ **0.00**

\$

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<b>5</b>	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>						
	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	c.	Rent and other real property income	Subtract Line b from Line a				
			\$	<b>0.00</b>			
<b>6</b>	<b>Interest, dividends, and royalties.</b>		\$	<b>0.00</b>			
<b>7</b>	<b>Pension and retirement income.</b>		\$	<b>0.00</b>			
<b>8</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$	<b>5,000.00</b>			
<b>9</b>	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td><td style="width: 20%;">Debtor \$ <b>0.00</b></td><td style="width: 40%;">Spouse \$ _____</td></tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$ _____	\$	<b>0.00</b>
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$ _____					
<b>10</b>	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.		\$				
	b.		\$				
	Total and enter on Line 10		\$	<b>0.00</b>			
<b>11</b>	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$	<b>5,000.00</b>			
<b>12</b>	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$	<b>5,000.00</b>			
<b>Part III. APPLICATION OF § 707(B)(7) EXCLUSION</b>							
<b>13</b>	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.			\$ <b>60,000.00</b>			
<b>14</b>	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <b>Illinois</b> b. Enter debtor's household size: <b>1</b>			\$ <b>44,673.00</b>			
<b>15</b>	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input checked="" type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.						

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

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**Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

16	<b>Enter the amount from Line 12.</b>	\$	<b>5,000.00</b>
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.		
	a.		\$
	b.		\$
	c.		\$
		\$	<b>0.00</b>
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$	<b>5,000.00</b>

**Part V. CALCULATION OF DEDUCTIONS FROM INCOME****Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		\$	<b>494.00</b>																								
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																											
	<table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td><b>54.00</b></td> <td>a2.</td> <td>Allowance per member</td> <td><b>144.00</b></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td><b>1</b></td> <td>b2.</td> <td>Number of members</td> <td><b>0</b></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td><b>54.00</b></td> <td>c2.</td> <td>Subtotal</td> <td><b>0.00</b></td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member	<b>54.00</b>	a2.	Allowance per member	<b>144.00</b>	b1.	Number of members	<b>1</b>	b2.	Number of members	<b>0</b>	c1.	Subtotal	<b>54.00</b>	c2.	Subtotal	<b>0.00</b>	\$	<b>54.00</b>
Household members under 65 years of age			Household members 65 years of age or older																									
a1.	Allowance per member	<b>54.00</b>	a2.	Allowance per member	<b>144.00</b>																							
b1.	Number of members	<b>1</b>	b2.	Number of members	<b>0</b>																							
c1.	Subtotal	<b>54.00</b>	c2.	Subtotal	<b>0.00</b>																							
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).		\$	<b>423.00</b>																								
20B	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>																											
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	<b>966.00</b>																								
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																									
	c.	Net mortgage/rental expense	Subtract Line b from Line a																									
			\$	<b>966.00</b>																								

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21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$ <b>0.00</b>									
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input checked="" type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ <b>163.00</b>									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ <b>0.00</b>									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$ <b>0.00</b>
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 35%; text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ <b>0.00</b>
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									

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25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	\$ <b>0.00</b>									
26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$ <b>0.00</b>									
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$ <b>0.00</b>									
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$ <b>0.00</b>									
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ <b>0.00</b>									
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$ <b>0.00</b>									
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$ <b>3,920.00</b>									
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$ <b>0.00</b>									
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$ <b>6,020.00</b>									
<b>Subpart B: Additional Expense Deductions under § 707(b)</b> <b>Note: Do not include any expenses that you have listed in Lines 19-32</b>											
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">Health Insurance</td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: right;">\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$ <b>0.00</b>
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$ <b>0.00</b>									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ <b>0.00</b>									



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37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ <b>0.00</b>																									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$ <b>0.00</b>																									
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ <b>17.75</b>																									
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$ <b>0.00</b>																									
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$ <b>17.75</b>																									
<b>Subpart C: Deductions for Debt Payment</b>																											
42	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no		Total: Add lines a, b and c.				\$ <b>0.00</b>
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																							
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
	Total: Add lines a, b and c.																										
43	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$		Total: Add lines a, b and c.			\$ <b>0.00</b>					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																								
a.			\$																								
b.			\$																								
c.			\$																								
	Total: Add lines a, b and c.																										
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$ <b>0.00</b>																									

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45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.		\$ <b>0.00</b>
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		X <b>6.30%</b>
	c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b
			\$ <b>0.00</b>	
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.		\$ <b>0.00</b>	
<b>Subpart D: Total Deductions from Income</b>				
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.		\$ <b>6,037.75</b>	
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>				
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>		\$ <b>5,000.00</b>	
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>		\$ <b>6,037.75</b>	
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.		\$ <b>0.00</b>	
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.		\$ <b>0.00</b>	
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55).			
53	<b>Enter the amount of your total non-priority unsecured debt</b>		\$	
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.		\$	
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.			



**B22A (Official Form 22A) (Chapter 7) (01/08)**

**Part VII. ADDITIONAL EXPENSE CLAIMS**

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
Total: Add Lines a, b and c		\$

**Part VIII. VERIFICATION**

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: **March 6, 2008** Signature: **/s/ Daniel L. Feingold**  
(Debtor)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)